

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|------------|--------------|----------------|
| FEE DETERMINATION | <i>MDR</i> | <i>62818</i> | <i>9/24/99</i> |
| O.I.P.E. CLASSIFIER | | <i>8</i> | <i>9-21-99</i> |
| FORMALITY REVIEW | <i>CH</i> | <i>69916</i> | <i>10-6-99</i> |

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Interference
 (Through numeral)... Canceled A Appeal
 Restricted O Objected

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
| 1 | 7/14/00 |
| 2 | 12/24/00 |
| 3 | 9/27/01 |
| 4 | 12/15/02 |
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| Claim | Date |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here.

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